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PTO/SB/2z (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2005 (Fone purposet to the Compalitional Appropriations Act, 2005 (N.R. 4818).)		TUC920010006	US1 RECEIVED
Application Number 09854865		Filed 05-14-2	001
For Michael Philip McIntosh			JAN 3 1 200
Art Unit 2112		Examiner C. H. K.	noll
This is a request under the provisions of 37 CFR 1.136 application.	(a) to extend the perio	id for filing a reply in the	above identified
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	Small Entity Fee	100.00
One month (37 CFR 1.17(a)(1))	\$120	\$80	<u>120.00</u>
Two months (37 CFR 1.17(a)(2))	\$450	\$225	5
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	S
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	s
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	·
Applicant claims small entity status. See 37 CFR 1	27.		
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge at Deposit Account Number 09-0449		pe required, or credit a enclosed a duplicate	
WARMING: Information on this form may become public. Credit card information should not be included on this form.			
Provide credit card information and authorization on	PTO-2038.		
I am the applicant/inventor.		•	
assignee of record of the entire Statement under 37 CFR 3.1			•
x attorney or agent of record. Rec	gistration Number _	50276	_
attorney or agent under 37 CFR Registration number if soting under	t 1.34. 87 CFR 1.94		
from Ild Bur		1-28-0	5
Signature		Dete	
Allen K Bates		520-799-2800	
Typed or printed name		Telephona Number	
NOTE: Signatures of all the inventors or assignees of second of the extinature is required, see below.	e interest or their represents	then(s) are required. Submit mu	Riple forms if rooms then one
Total of forms are	submitted.		

not by 37 CFR 1,135(a). The information is required to estate or retain a benefit by the public which is to file (and by the confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1,11 and 1,14. This collection is cultimated to take 8 rehutes to ing, and submitting the completed application form to the USPTO. Three will very depending upon the individual case. Any require to complete this form entities no agreement for reducing 16 burden, should be seen to the Chair intermedion Officer.

S. Department of Commission, P.O. Box 1450, Abstraction, VA 22215-1460. OO NOT SEND FEES OR COMPLETED TO Commissioner for Patients, P.O. Box 1460, Abstraction, VA 22315-1460. complete, including gethering, preparing, and compete on the amount of time you engine U.S. Placet and Trademark Office, U.S. Depe FORMS TO THIS ADDRESS, SEND TO: Con

If you made analytence in completing the form, call 1-800-PTO-9199 and select option ${\bf 2}$

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